

Structured, Pretested, Interviewer-Administered Questionnaire

Study Title: “Risk factors for major external structural birth defects in Kiambu County, Kenya:

A case-control study”

Date.....

Case Id/No

Instructions

- i. These questions are to be administered by research assistants to mothers of children with and without MESBD (**cases and controls**) respectively
- ii. Fill in the correct responses in spaces provided in the questionnaire
- iii. Tick the correct response(s) for each multiple-choice questions as necessary
- iv. Ask these questions about the maternal periconceptional period (twelve weeks before conception and eight weeks after conception)

Part one: For cases ONLY

Name(s) of the birth defect (s).....

Part two: For cases and controls

- 1. Age of the mother at the conception of the child in years.....
- 2. Age of the partner of the mother at the conception of the child in years.....
- 3. Occupation of the mother to the child at conception.....
- 4. Sub-county residence of the mother at conception ofo the child in Kiambu County.....
- 5. Mother’s level of education
 - a. None
 - b. Primary
 - c. Secondary
 - d. College certificate
 - e. College diploma
 - f. University degree
- 6. Mother’s religion
 - a. Christianity
 - b. Islamic
- 7. Marital status
 - a. Single
 - b. Married
 - c. Separated
 - d. Divorced
 - e. Widowed
- 8. Nature your last pregnancy
 - a. Single
 - b. Multiple
- 9. Sex of the current child if single pregnancy.....
 - a. Male
 - b. Female

10. Specify sex of the twin in multiple pregnancies.....
 - a. Male
 - b. Female
11. Another sibling with a birth defect
 - a. Yes
 - b. No
12. Did you plan for the last pregnancy?
 - a. Yes
 - b. No
13. Indicate the date of the last menstrual period in the last pregnancy (**date/month/year, from ANC booklet**)
14. Started ANC eight weeks after the last date of a menstrual period in the last pregnancy (**trimester ANC care began**)
 - a. Yes
 - b. No
15. Indicate the date of the first antenatal clinic visit of the last pregnancy (**date/month/year, from ANC booklet**)
16. Indicate parity (**date/month/year, from ANC booklet**)
17. Parity (**from ANC booklet**)
18. Date of birth of the current child (**date/month/year, from ANC booklet**)
19. Started using folic acid at least three (3) before the last date of the menstrual period.
 - a. Yes
 - b. No
20. Name of chronic illness
 - a. None
 - b. Diabetes
 - c. Hypertension
 - d. Epilepsy
 - e. Others.....
21. Names of medicine you used during the last pregnancy.....
22. You sprayed the farms with pesticides during the last pregnancy.
 - a. Yes
 - b. No